

ADULT YOGA CLASSES

OPEN TO ADULT & SENIORS • ONGOING REGISTRATION

MONDAYS

12:30PM - 1:30PM

2:00PM - 3:00PM

6:30PM - 7:30PM

PERSHING FIELD COMMUNITY CENTER

201 CENTRAL AVENUE

OCEAN POINT TOWERS, 425 OCEAN AVENUE

P. S. # 16, 96 SUSSEX STREET

TUESDAYS

11:00AM - 12:00PM

2:00PM - 3:00PM

GRACE CHURCH, 2ND & ERIE STREETS

JOSEPH CONNORS SENIOR CENTER

28 PATTERSON STREET

WEDNESDAYS

2:00PM - 3:00PM

6:30PM - 7:30PM

JONES HALL, 591 MONTGOMERY STREET

MARY MCLEOD BETHUNE CENTER

140 MARTIN LUTHER KING DRIVE

FRIDAYS

9:30AM - 10:30AM

GRACE CHURCH, 2ND & ERIE STREETS

PROPER ATTIRE REQUIRED (EX. EXERCISE CLOTHING AND SNEAKERS)

CAROL LESTER, INSTRUCTOR

CARDIAC YOGA CERTIFIED WITH OVER 3000 TEACHING HOURS



PRESENTED BY: **MAYOR STEVEN M. FULOP, THE JERSEY CITY MUNICIPAL COUNCIL AND
THE DEPARTMENT OF RECREATION**



For more information, please call 201-547-5003
or visit jerseycitynj.gov.



City of Jersey City Official Government Page
JC_GOV





MAYOR STEVEN M. FULOP
THE JERSEY CITY DEPT. OF HEALTH & HUMAN SERVICES
AND THE
DEPARTMENT OF RECREATION



ADULT YOGA CLASSES

PARTICIPATION FORM

Each section and this entire form must be read, completed and signed before the participant is allowed to take part in any recreational programs.

Name: _____

Address: _____

City, State, Zip: _____

Date of Birth: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Permission to post pictures: Yes _____ No _____

Person to Notify in Case of Emergency: _____ Phone #: _____

As determined by my physician, I am in good physical condition and I am not aware of any present or previous disease or injury that would result in my being impaired during my participation with the Jersey City Recreation Adult Yoga Program. I empower the staff to exercise reasonable care in the event of an emergency. I hereby agree to abide by the rules and regulations set forth by the Department of Recreation. I also agree to hold harmless the City of Jersey City and the Department of Recreation's employees and class instructors.

Signature: _____ Date: _____